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# Role of Homoeopathy in Gynecomastia

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# **Abstract**

Gynecomastia is an increased amount of breast gland tissue in children and male, due to an imbalance of the estrogen and testosterone. Gynecomastia can affect one or both sides of breasts. Gynecomastia is not a critical problem but it can be tough to manage with the condition. Sometimes men and boys with gynecomastia having tenderness in their breasts and may feel shy. The classical method of Homoeopathy which depends upon the totality of symptoms; is very effective in treating of gynecomastia, in relieving discomfort and quick recovery and free for painful surgeries and coastally hormone therapy.

Key word- Homoeopathic Medicine, Gynecomastia, General management.

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#### Introduction

Gynecomastia is defined as growth of mammary tissue in male in which there is increase in ductal and connective tissue element of breast tissue, histopathologically benign proliferation of glandular male breast tissue. Gynecomastia occurs sporadically or in a familial setting, and it may be unilateral or bilateral, painful or painless, of acute onset or progressive growth. Gynecomastia is most common breast condition in males. A similar condition pseudogynecomastia is a fat deposition without glandular proliferation

and occurs most frequently in obese men. In addition excess use of corticosteroids and environmental contamination with estrogen-like substances may provoke glandular proliferation in male breast tissue. Simple reassurance coupled with advice on diet and exercise may be sufficient in case of mild cases but in severe cases, medical treatment is necessary.

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This article compiles the pathophysiology, etiology and clinical evaluation of gynecomastia and which is very helpful for selecting patients who will require treatment.



Fig. Gynecomastia

The first peak occurs in infancy or the neonatal period, with an occurrence of 50-80%. During pregnancy, the placenta converts DHEA (dehydroepiandrosterone) and DHEA-SO4 (dehydroepiandrosteronesulfate), derived from both mother and fetus, to estrone (E1) and estradiol (E2), respectively. E1 and E2 then enter the fetal circulation and later stimulate breast glandular proliferation, which results in transient neonatal gynecomastia. Normally, this condition regresses within 2-3 weeks of delivery. The second peak occurs during puberty and has a prevalence of 10-65%. This wide differentiation is likely because of variations in normal sub-areolarglandular tissue the diagnosing Physician and most importantly differentiations in the age distribution of the patient populations. Normally occurrence of pubertal gynecomastia starts at the age of 10-12years-old and peaks level at the age of 13-14- years-old. It usually reverts back within 18-months and is unusual in males at the age of 17-years and older. The peak incidence occur in older males (commonly in between 50-80-years-old), with an incidence of 24-65%. Senile gynecomastia because of increased adiposity with aging, because adipose tissue is the site in which androgens are converted to estrogens. The increase formation of estrogen in older males are related to an age-related increase in cytochrome cytochrome P19 (CYP19) activity in adipose tissue. Additional contributing factors decreased are testosterone (T) and the use of medications that may alter androgen or estrogen concentrations or actions.

#### Etiology -

- A. Physiological
- B. Pharmacological
- C. Pathological
- D. Age
- E. Idiopathic
- A. Physiological Gynecomastia
  - Neonatal.
  - Senile.
  - Pubertal.
- B. Pharmalogical Gynecomastia
  - Estrogen therapy
  - Corticosteroid therapy.

- Radiation therapy.
- Marijuana use.
- Antibiotics:-
  - > Isoniazid
  - ➤ Ketoconazole
  - > Metronidazole
- Anti- androgens
  - > Spironolactone.
  - > Cyproterone acetate.
  - Cimetidine.
- Anti cancer drugs
  - Causing testicular damage.
- Others
  - > Phenothiazines.
  - Reserpine.
  - > Tricyclics.
  - Cannabis.
  - Digitalis.
  - > Grisefulvin
  - > Methyldopa

# C. Pathological Gynecomastia

- Increased estrogen production
  - > Adrenal carcinoma.
  - > Bronchial carcinoma.
  - Cirrhosis of liver
- Leydig cell tumor.
- Hyperthyroidism.
- Starvation.
- Renal Failure and Dialysis.
- Stressfull life event.
- DM type 1

- Decreased androgen production (Hypogonadism)
  - Hypogonadotrophic
    - Panhypopituitarism.
  - Hypergonadotrophic
    - > Klinefelter syndrome
    - > Castration.
    - Orchitis.
  - Other causes:
    - Leprosy (due to testicular atrophy)
    - > Exfoliative dermatitis

### D. Age

- ➤ When disease present in man over 30 years, It like to be pathological cause.
  - Cases presenting between 12 and 25 years, often due to intrinsic, unimportant hormonal disturbance in fit patient.

# E. Idiopathic

#### **Clinical Features -**

#### Symptoms:

- Onset insidious.
- Patients complaints of painless or painful enlargement of one or both breasts.
- Anxiety.
- Severe embarrassment.
- Emotional disturbance.

# Signs:-

- One or both breasts may be enlarged.
- Degree of enlargement may varies

- Enlargement more often, in younger age group
- Enlargement just cause diffuse fullness deep to nipple.
- Occasionally, seen in adults, breast become so large that they look like female breast.
- Texture of enlarged breast may Hard or soft in nature.

# Hard Enlargement:-

- Common seen in young pubertal and adoloscent boys.
- Localised to subareolar region.
- May be slightly tender.
- Mobile and not attached to skin or deep structure.

#### Soft Enlargement:-

- Often caused by drug therapy.
- All nearest tissue of the breast are normal.
- Axillary lymph node should not be enlarged.

**Diagnosis -** The diagnosis of Gynecomastia is based on physical symptoms, breast examination, medical history and medication. Physical examination as a palpable mass of tissue at least 0.5 cm in diameter (usually underlying and within the area under the nipple).

**Breast imaging tests:-** Mammography, Breast ultrasound, these tests are usually ordered to rule out breast cancer.

**Blood tests:-** TSH, LH, FSH, Estrogen, Prolactin, Testosterone.

#### General management:-

- One teaspoons of Turmeric powder with a one cup of water, and mix the solution and boil it for 15 minutes.
   Then we drink this turmeric tonic two to three times a day.
- Eat fish or take supplements, the omega-3 fatty acids found in fish will help produce more testosterone and decrease estrogen levels.
- If enlarged breasts tender, applying a cold compress will cause the swollen nerve cells to contract; this will reduce swelling and help minimize pain.
- Ginger Root Tea/ Green Tea
- Zinc reach diet (Lobsters ,Cashews, Chickpeas, Oysters, Yogurt, Raisins)

Homoeopathic Management: It is important to understand that homeopathy selects the right medicine on the basis of the holistic symptoms of the patient and not just the diagnostic name of the disease.

1. Conium mac: Mamme hard and sore, tender to touch. Patient is greatly debilitated and there is tiredness of the mind. Weakness of the mind with weak memory. Patient is irritable, sad and melancholic. There is great depression of the mind. Physically the patient becomes weaker and weaker. Liver is tender to touch.

2. Calcarea Carb: Calcarea carb is the one of the best remedy for Gynecomastia. Mammes are hot and swollen. With the gynecomastia Patient is anxious, tired and weak both mentally and physically. Patient is

worried and will think that somebody

will observe his confused mental

symptoms..

- Silicea: Hard painful, swelling of mammae, stitches in chest through to back. Icy cold and sweaty feet. Yielding, faint- hearted, anxious. Nervous and excitable. Intolerance of alcohol.
- 4. **Iodine :-** This remedy predominantly act on the enlargement of the mammary gland which may be either neoplastic or The breast tissue malignant. hypertrophied, enlarged, hard and nodular with emaciation of the Patient. The patientis emaciated due to malabsorption. The patient is very much anxious and restless. Wants to keep himself busy. The patient is always hungry and wants to eat all the time. Liver and spleen are enlarged and palpable.
- 5. Arnica Montana: This remedy act on the enlarged mammary gland after injury. Raw, sore felling in the morning; worse to touch Coldness of

the body. Sleepless and restless, dreams of death, anxious and terrible.

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6. **Brayta Carb :-** Gynecomastia seen in infant and old aged peoples. Pain in auxillary gland. Loss of memory, mental weakness. Lost confidence himself. Senile dementia. Confussion. Aversion to strangers.

#### Refrences -

- Harrison's Principles of Internal Medicines,16th Edition, Volume-2, McGraw-Hill Companies.
- API textbook of Medicine, 9th Edition,
   Volume 1, The Associations of Physicians India; June 2013.
- 3. Clarke, John Henry, M.D. Condensed Homoeopathic Materia Medica & Repertory, Revised Edition-2001, B. jain publishers (p) ltd, 1921/10,Chuna Mandi, Pahargani, New Delhi(India).
- Phatak, Dr. SR. Materia Medica of Homoeopathic Medicines, Second Edition Revised & Enlarged, B. Jain publishers (p) ltd; 1921/10,Chuna Mandi, Paharganj, New Delhi(India), Pages: 290-293
- 5. Kent, James Tyler, A.M. M.D. Lectures on Homoeopathic Materia Medic, Rearranged Edition-2009,B. Jain publishers (p) ltd: 1921/10,Chuna Mandi, Paharganj, New Delhi(India), Pages: 503-511

- Kent James Tyler. Lectures on Homoeopathic Philosophy. Memorial Edition Reprint. B. Jain Publishers Pvt. Ltd., New Delhi, 2004.
- Sarkar BK. Essay on Homoeop Reprint Edition. Birla Publications Pvt. Ltd. Delhi, 2004- 2005
- Kent James Tyler. Repertory Reprint.
   B. Jain Publishers Pvt. Ltd., New Delhi,
   2004.
- 9. Khaneja, Dr.H.S. An illustrated Guide, Find Homoeopathic Your Remedy, 3rd Edition.. В. jain publishers (p) ltd, 1921/10,Chuna Mandi, Paharganj, New Delhi(India),
- 10. Allen H.C. Allen's Keynotes, Rearranged and Classified with leading remedies of the Materia Medica & Bowel Nosodes, 9 edition, B. Jain Publisher Pvt. Ltd., New Delhi, Reprint edition 2004

- 11. Hahnemann Samuel. Organon of medicine. Translated by William Boericke. B. Jain Publishers Pvt. Ltd., New Delhi, Reprint Edition 2002.
- 12. Boericke ,W. M.D. Pocket Manual of Homoeopathic Materia Medica & Repertory, Third Revised & Augmented Edition, B. Jain publishers (p) ltd; 1921/10,Chuna Mandi, Paharganj, New Delhi(India).
- 13. Carlson HE. Approach to the patient with gynecomastia. J Clin Endocrinol Metab. 2011;96:15–21
- 14. Glass AR. Gynecomastia. Endocrinology and Metabolism Clinics of North America. 1994;23(4):825–837. PubMed.
- 15. Gynecomastia: Clinical evaluation and management Indian J Endocrinol Metab. 2014 Mar

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